



PREVENTING PHYSICAL AND PSYCHOLOGICAL MALTREATMENT OF CHILDREN IN FAMILIES

**REVIEW OF RESEARCH FOR
CAMPAIGN FOR ACTION ON FAMILY VIOLENCE**

SUMMARY OF FINDINGS

Centre for Social Research and Evaluation
Te Pokapu Rangahau Arotaki Hapori

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1. PURPOSE AND FOCUS OF REVIEW

This report presents a summary of findings from a literature review of selected international and New Zealand research on the physical and psychological abuse of children and on child maltreatment prevention. The review was undertaken to provide an evidence base for the development of the Campaign for Action on Family Violence, and to contribute to the public and community education programme.

This review focuses primarily on the physical and psychological forms of child maltreatment in the context of family relationships. The review sought answers to the following research questions:

1. What is the nature and what are the consequences of child maltreatment?
2. What are the predisposing, perpetuating and precipitating risk factors involved in the physical and psychological types of child maltreatment?
3. What are the factors that contribute to primary prevention?
4. What are the factors that contribute to effective parent education and safe parenting practices?
5. What motivates and enables other adults (family or non-family) to intervene when they suspect a child is being abused?

2. SUMMARY OF FINDINGS

1. The general term ‘maltreatment’ is now used in the literature to cover the range of adult behaviours and motivations that can cause psychological and physical injury to children. Child maltreatment covers physical abuse, sexual abuse, psychological abuse and neglect.
(This report for the Campaign for Action on Family Violence focuses primarily on physical and psychological abuse.)
2. While psychological abuse of children can occur without physical abuse, physical abuse is almost always accompanied by psychological abuse. There are some common harmful and long-reaching consequences, eg learning impairments, mental health and social relationship difficulties associated with both psychological and physical abuse of children. There are also a set of distinct consequences that can follow from each type of abuse. Psychological abuse increases the risk of emotional damage, eg to self esteem, while physical abuse is more strongly associated with externalising behaviours and aggression.
3. While children of all ages can experience physical and psychological abuse, babies, toddlers and adolescents from the age of 11 are at a higher risk of being injured from physical abuse than primary school-aged children.
4. Recent research has shown clear evidence that the developing brain is damaged by prolonged, severe or unpredictable stress, such as that caused by maltreatment in a child’s early years.
5. The evidence indicates that the prevalence of child maltreatment is higher in deprived families and communities than in well-resourced families and communities.
6. Child maltreatment is best understood by analysing the complex interaction of predisposing, perpetuating and precipitating factors.
 - **Predisposing factors** are those that relate to the parent or caregiver’s early history. These include genetic characteristics and growing up in a violent or abusive environment
 - **Perpetuating factors** are those that affect the family in a continuing or ongoing way. These include:
 - the wider social context and community factors eg policies that lead to poor living standards, over-crowding, poor housing or to socioeconomic inequality or instability, social and cultural norms that promote violence and physical punishment of children and that diminish the status of the child in parent-child relationships, easy availability of alcohol in a binge drinking society and a local drug trade, social isolation and lack of appropriate or responsive supports and services.



RECENT RESEARCH HAS SHOWN CLEAR EVIDENCE THAT THE DEVELOPING BRAIN IS DAMAGED BY PROLONGED, SEVERE OR UNPREDICTABLE STRESS, SUCH AS THAT CAUSED BY MALTREATMENT IN A CHILD'S EARLY YEARS ”

- the family context eg family relationship factors (such as unintended pregnancy, lack of parent-child attachment, large family; multiple births or children close in age), financial deprivation/ stress, unemployment, intimate partner conflict/ violence and lack of extended family support.
 - the characteristics and behavioural patterns of the parent or caregiver, eg lack of bonding with the baby, depression or other physical or mental health problems, alcohol/ drug abuse, inadequate parenting skills, involvement in criminal activity, lack of impulse control, rigid thinking, low empathy, unrealistic expectations of the child.
 - the characteristics and behavioural patterns of the child, eg unwanted child, young age, disability, high needs, demonstrating personality or temperament traits perceived as problematic by adult family members.
 - **Precipitating factors** are those events that directly trigger an abusive episode and include incessant crying, soiling, aggressiveness by the child, or a crisis event for the parent.
7. Guided by the literature, six approaches for primary prevention efforts to reduce child maltreatment have been identified:
- Establish a positive view of children: valuing them in their own right rather than primarily for the manner in which they meet the needs of others, respecting them as individual human beings with rights to protection and gradually increasing levels of autonomy.
 - Change attitudes and beliefs about physical punishment.
 - Reduce adult partner violence and educate about the impact of adult partner violence on children.
 - Address adult alcohol and substance abuse.
 - Create accessible and responsive support systems that parents can easily engage with.
 - Provide parent education and skills to all parents.
8. Parent education programmes are not always protective against child maltreatment. Those that have been effective have been influenced by the following findings and conclusions from the research:
- Information about normal crying and normal child development has been shown to be helpful in reducing maltreatment.

- There is a strong case for tailoring parent education for men and for women, taking into account the different needs of each gender.
 - The use of same ethnic group workers has been found to enhance recruitment and attendance at parent education programmes.
 - The success of parent education is more likely with programmes that include group education, individualised help and home visiting.
 - Programmes based on a combination of changing attitudes, increasing knowledge and child management skills are more likely to be effective than programmes that emphasise any one of these factors.
 - Programmes aimed at changing parents' behaviour need to be optimistic and emphasize the parents' ability to change. Parents need to be aware that change takes time; there will be setbacks, but this does not mean the new approach is not working.
9. Providing social support without judgment and criticism as well as being sensitive to parent perceptions of judgment and criticism are important factors in lowering barriers to help-seeking.
10. For severe baby and child battering types of child abuse, public awareness and education aimed at extended family, witnesses and bystanders is more likely to be helpful than awareness and education interventions aimed directly at the parents.
11. The following steps can help to increase the likelihood that witnesses and bystanders will intervene to stop maltreatment or to report abuse:
- Promote awareness of behaviours that constitute child maltreatment in a way that does not perpetuate stereotypes or create shame, and empowers people to take action.
 - Promote understanding of the effects of maltreatment on children.
 - Provide access to help, support and advice.
 - Give practical tips on how to intervene.
 - Provide information about all the options:
 - direct communication with the adults
 - engaging others eg family members and friends
 - consulting experts
 - referring to sources of help
 - reporting to authorities.

3. FINDINGS

The following section outlines the key findings from a review of the literature on the physical and psychological types of maltreatment of children, and on child maltreatment prevention. The findings cover the following areas:

- the nature and consequences of child maltreatment,
- risk factors (predisposing, perpetuating and precipitating) that contribute to the physical and psychological types of maltreatment of children
- approaches to prevention, and
- information on what hinders and what helps witnesses, extended family, community members and professionals to intervene when children are abused.

3.1. THE NATURE AND CONSEQUENCES OF CHILD MALTREATMENT

The nature of maltreatment

Defining and categorising child abuse has been a continuing issue for discussion and has led to a variety of terms being used. In recent times, commentators and researchers have recommended the general term 'maltreatment' to cover the range of adult behaviours and motivations that can cause psychological and physical injury to children (Hart, 1988).

The World Health Organisation (2002) has defined child maltreatment as: *all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.*

The four types of child maltreatment identified by WHO (2006) are physical abuse, sexual abuse, emotional and psychological abuse and neglect. Each type may occur independently, or more than one may occur in combination. This report for the Campaign for Action on Family Violence focuses primarily on a review of the literature on physical and psychological abuse in the context of family relationships.

Physical abuse is defined as:

the intentional use of physical force against a child that results in – or has a high likelihood of resulting in – harm for the child's health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating. Much physical violence against children in the home is inflicted with the object of punishing.

Emotional and psychological abuse is defined as:

both isolated incidents, as well as a pattern of failure over time on the part of a parent or caregiver to provide a developmentally appropriate and supportive environment. Acts in this category may have a high probability of damaging the child's physical or mental health, or its physical, mental, spiritual, moral or social development. Abuse of this type includes: the restriction of movement, patterns of belittling, blaming, threatening, frightening, discriminating against or ridiculing; and other non-physical forms of rejection or hostile treatment (WHO, 2006).

Other researchers have described a wider range of parental behaviours that constitute psychological abuse including rejection and threats of rejection, denigration, humiliation, shaming, harshness and excessive (non-physical punishment), intimidation, threats, excessive control, exposure to domestic violence, alienation and corruption (Gagne & Bouchard, 2004).

While physical abuse rarely occurs without verbal and emotional abuse (Hart, 1988; Schumm et al, 1982) psychological abuse can also occur independently. A common form of psychological abuse is parental rejection which, especially if accompanied by physical abuse, does particular damage to children (Smith et al, 2006). Following consultation with psychologists from 15 countries in the later 1980s, Hart (1988) describes rejection as “possibly the most destructive force in human experience”.

All forms of child maltreatment occur along a spectrum from mild to moderate to severe (Connolly, 2004). Findings from the research on severe abuse and battering suffered by some babies and children suggest that this is a distinct phenomenon, distinguished from child maltreatment across the rest of the spectrum. Severe abuse has been described as arising from ‘irrational impulsive brutality’. Adult perpetrators within this category are more likely to abuse children when they are emotionally disorganised, under the influence of alcohol or extremely frustrated (Smith 1975). Babies and toddlers are at greater risk of severe abuse than older children; sometime fatal abuse. (Sibert et al, 2002).

The consequences of maltreatment

Both psychological and physical abuse can have serious harmful and long-reaching effects on children. Destructive effects on children who suffer primarily psychological abuse include lying, stealing, low self-esteem, emotional maladjustment, dependency, underachievement, depression, failure to thrive, suicide, aggression and homicide (Hart, 1988). Children who suffer both psychological and physical abuse are more likely than children who are not victimised to suffer poor mental and emotional health, to have learning and social difficulties, to have adolescent difficulties such as delinquency, teen pregnancy, drug and alcohol abuse, criminal behaviour and to be abusive to others (Hart, 1988; Smith, et al, 2006; Connolly, 2004).

Many of these effects are now being attributed to the impact of abuse on the child’s developing brain. Recent research has shown clear evidence that the developing brain is damaged by prolonged, severe or unpredictable stress, such as that caused by maltreatment during a child’s early years (WHO/ISPCAN, 2006).



DESTRUCTIVE EFFECTS ON CHILDREN WHO SUFFER PRIMARILY PSYCHOLOGICAL ABUSE INCLUDE LYING, STEALING, LOW SELF-ESTEEM, EMOTIONAL MALADJUSTMENT, DEPENDENCY, UNDERACHIEVEMENT, DEPRESSION, FAILURE TO THRIVE, SUICIDE, AGGRESSION AND HOMICIDE ”

3.2. RISK FACTORS

Many studies have investigated the risk factors that are associated with physical and psychological abuse of children. The findings suggest that a multitude of factors are involved and that the prevalence of child maltreatment appears to be higher in deprived families and communities than in well-resourced families and communities (WHO/ISPCAN, 2006).

We have classified the risk factors into predisposing, perpetuating and precipitating factors:

- **Predisposing factors** are those that relate to the parent or caregiver's early history. These include genetic characteristics and growing up in a violent or abusive environment.
- **Perpetuating factors** are those that affect the family in a continuing or ongoing way. These include:
 - the wider social context and community factors eg policies that lead to poor living standards, over-crowding, poor housing or to socioeconomic inequality or instability, social and cultural norms that promote violence and physical punishment of children and that diminish the status of the child in parent-child relationships, easy availability of alcohol in a binge drinking society and a local drug trade, social isolation and lack of accessible or responsive supports and services.

- the family context eg family relationship factors (such as unintended pregnancy, lack of parent-child attachment, large family; multiple births or children close in age), financial deprivation/stress, unemployment, intimate partner conflict/ violence and lack of extended family support.
- the characteristics and behavioural patterns of the parent or caregiver, eg lack of bonding with the baby, depression or other physical or mental health problems, alcohol/drug abuse, inadequate parenting skills, involvement in criminal activity, lack of impulse control, rigid thinking, low empathy, unrealistic expectations of the child.
- the characteristics and behavioural patterns of the child, eg unwanted child, young age, disability, high needs, demonstrating personality or temperament traits perceived as problematic by adult family members.
- **Precipitating factors** are those events that directly trigger an abusive episode and include incessant crying, soiling, aggressiveness by the child, or a crisis event for the parent.

The following section outlines and discusses the evidence for the influence of each of these factors, acknowledging that it is the accumulation of factors that is most likely to account for the maltreatment of children.



THE MAJORITY OF PARENTS WHO WERE MALTREATED ACTUALLY DO NOT ABUSE THEIR OWN CHILDREN ”

3.2.1. Predisposing factors (relating to the parent or caregiver's early history)

Intergenerational transmission

There is a large body of research indicating that adults who have been abused as children are more likely to abuse their own children than adults without this history (Brennan, 2005; Dixon et al, 2005; Herzberger, 1990; Humphreys, 2006; Pears & Capaldi, 2001; Perry, 1996; Renner & Slack, 2006; Sidebotham & Heron, 2006).

Experiencing inter-partner violence in adulthood is also associated with increasing the intergenerational transmission of violence. People who were abused as children and who are also abused as adults are more likely to maltreat their children than those who were abused as children but are not abused as adults (Dixon et al, 2005).

This does not mean that every child who has been victimised will repeat the pattern with the next generation. In one study, 41% of abusive mothers reported a family history of child abuse compared to 18% of non-abusive mothers (Whipple and Webster-Stratton, 1991, reported in McCormack et al, 2006). According to another estimate, between 25-35% of parents who had been victims will abuse their own children (Herzberger, 1990).

The majority of parents who were maltreated actually do not abuse their own children. There appears to be little research on the 65-75% who do not repeat the pattern though Herzberger (1990) suggests that the current presence of an emotionally supportive other, a relatively low level of stress, and some attempt to gain perspective on abusive history can help. There is some evidence that parents who remember the unpleasantness of their abusive upbringing are motivated to ensure they do not subject their own children to the same treatment (Gagne et al, 2007).

Genetic factors

Caspi et al (2002) used data from the Dunedin longitudinal study to investigate the link between environment and genetic factors on the intergenerational transmission of violence. The study confirmed childhood maltreatment as an independent risk factor for antisocial and violent behaviour in adulthood, and hypothesised that genetic factors may influence which children go on to become violent and antisocial adults and which do not. The study identified high levels of a genetically regulated enzyme as protecting children from later development of antisocial and violent behaviour.

Young men who had low levels of the enzyme and were maltreated as children were nearly three times as likely to develop conduct disorder, and nearly 10 times more likely to have a conviction for violence. The gene (and associated low levels of the enzyme) on its own was not associated with the development of antisocial behaviour. It is the combination of the child's experience of being abused and their genetic predisposition that increases the risk of later violence.

3.2.2. Perpetuating factors (affecting the family in a continuing or ongoing way)

The perpetuating factors have been classified into four categories:

- The social context and community environment factors
- The family context
- The characteristics, attitudes and behavioural patterns of the parent or caregiver
- The characteristics and behavioural patterns of the child.

3.2.2.1. Social context and community environment factors

Factors in the wider society can contribute to the incidence of child maltreatment. These can be categorised into policies, social and cultural norms and community environment.

Social and economic policies have a major effect on the climate and conditions for families. However, to inform the Campaign of Action on Family Violence programme whose goal is influence attitudes and behaviours of parents and the community, we are focussing primarily on the area of those social and cultural norms which are likely to have a more direct effect on the incidence of child maltreatment.

Policies

A number of policy domains can have an impact on the welfare of children: social economic and education policies that lead to poor living standards or to socioeconomic inequality or instability (WHO/ISPCAN, 2006) and child and family policies such as those related to maternal employment and childcare arrangements, the nature and extent of preventive health care for infants and children, the strength of the social welfare system that provides a safety net for children and families and the responsiveness of the criminal justice system (Fanslow, 2005).

Social and cultural norms

Social and cultural norms that support violence and physical punishment of children and that diminish the status of the child in parent-child relationships have a part to play in contributing to child maltreatment (WHO/ISPCAN, 2006).

Norms about physical punishment

Results from a number of surveys of people's attitudes towards discipline of children in New Zealand, and in other English-speaking countries, show a majority believe smacking is a legitimate and normal form of parental discipline and do not believe that it constitutes maltreatment or abuse. This is especially the case for adults who experienced a range of types of physical punishment as children (Debski et al, 2007).

A survey of 80 children between five and 14 years of age in New Zealand found that physical punishment was a common form of punishment used by these children's parents, and in a minority of cases, it was frequent and severe enough to qualify as abuse. Physical punishment had a strong psychological effect on the children, making them feel rejected and unloved (Dobbs, 2007).



WHILE ADULTS ARE ULTIMATELY RESPONSIBLE FOR THE SUBSTANCES THEY CONSUME, THE COMMUNITY ENVIRONMENT CONTRIBUTES TO THE LEVEL AND FREQUENCY OF SUBSTANCE USE AND MISUSE ”

Physical punishment does not automatically lead to abuse, but international reviews of cases of child abuse have found that, in the majority of cases, abuse occurs in the context of disciplinary action, or at the end of a sequence of increasingly harsh disciplinary actions (Durrant, 2004; Smith, 1975; Straus, 2000). Abusing parents use the same implements to discipline their children as the implements they use that cause injury to their children (Ritchie & Ritchie, 1981).

Beliefs about the status of children in relation to adults

The belief that children's status is inferior to that of adults is another contributing factor to child maltreatment. This belief is expressed in a number of discourses including emphasis on the rights of parents, the notion that children are the property of parents ('my child' or 'our children'), the view of children as beings to be corrected rather than guided and protected. These beliefs have been shown to be associated with the justification of physical punishment as a necessary method for discipline (Debski et al, 2007; Ritchie & Ritchie, 1981).

Community environment

After reviewing research on the relationship between social support and child maltreatment McCormack et al (2006) concluded that while there is some evidence for social isolation as a risk factor it is not clear 'which aspects of social support moderate the risk of maltreatment, if present, and increase the risk of maltreatment, if lacking'. The WHO/ISPCAN report (2006), however, identifies two features which may help clarify the contribution of specific aspects of social isolation to increasing the risk of maltreatment.

The two specific factors are:

- a lack of a support network to assist with stressful or difficult situations in a relationship, and
- the break-down of support in child rearing from the extended family.

Availability of alcohol and a local drug trade

While adults are ultimately responsible for the substances they consume the community environment contributes to the level and frequency of substance use and misuse.

Easy availability of alcohol (particularly in societies where binge drinking is a social norm) and a local drug trade are associated with child maltreatment in the international literature WHO/ISPCAN (2006).

3.2.2.2. The family context

Family relationship factors

A number of studies have investigated the links between a range of family related factors and the treatment of children. The results show evidence of an association between unintended pregnancy, lack of parent-child attachment, large families (multiple births or children close in age) and maltreatment (McCormack et al, 2006; WHO/IISPCAN, 2006)

Financial deprivation/unemployment/ inadequate housing and stress

There is substantial evidence for the link between stressors such as adverse life events and financial deprivation, and child maltreatment. Poverty may be less of a causal factor in child maltreatment than the factors associated with poverty such as unemployment, inadequate housing and low education levels (McCormack et al, 2006). In one study, financial stress was found to be more strongly associated with maltreatment than with depression (Lyons et al, 2005). A study by Gelles (1992) using data from two national surveys in the United States showed no statistical differences by income for men in rates of violence towards children, but significant differences for women, with women below the poverty line being more likely to abuse (Gelles, 1992).

Studies show the cumulative effect of each additional stressor. In essence, the more stressors that are present in a parent's life, the more likely the parent is to maltreat their children, particularly if the parent already favours physical punishment (Jaffee et al, 2007; Wekerle et al, 2007).

Intimate partner conflict/ violence

The presence of intimate partner violence further increases the likelihood that parents will maltreat their children. Domestic violence was found to be evident in over 40% of cases of child abuse in three separate reviews in the United States (Guterman & Lee, 2005), and in 60% of cases in European studies. New Zealand researchers report similar findings. Robertson and Busch, 1994, cited in Connolly, (2004), for example, found that between '35-70% of abused children have mothers who are also being abused'.

3.2.2.3. Characteristics, attitudes and behavioural patterns of the parent or caregiver

A number of individual factors in the parent or caregiver are associated with increased risk of child maltreatment.

The factors include: lack of bonding with, or attachment to the baby, depression or other physical or mental health problems, alcohol/drug abuse, inadequate parenting skills, involvement in criminal activity, lack of impulse control, rigid thinking, low empathy and unrealistic expectations of the child (WHO/ISPCAN, 2006).



THERE IS A LARGE BODY OF EVIDENCE LINKING PARENTAL ALCOHOL AND SUBSTANCE ABUSE WITH ALL TYPES OF MALTREATMENT AND WITH THE LIKELIHOOD THAT A CHILD WILL BE EXPOSED TO INTER-PARENT VIOLENCE ”

Gender differences

Children can suffer physical and psychological abuse inflicted by mothers and/or fathers, and by other male and/or female adults in the family setting.

There is some evidence, however, of differences in the types and severity of the abuse depending on the gender of the perpetrator.

Children are more likely to experience the more severe forms of abuse and to suffer injuries (including fatal injuries) if the perpetrator is male (father, step-father or mother's young boyfriend) (Cavanagh et al, 2007; Guterman & Lee, 2005). Studies suggest that mothers' young boyfriends, step-fathers and 'substitute parents', with similar risk factors to abusive fathers i.e., with criminal histories, poor impulse control, a pattern of violence to their partners and with inappropriate expectations of children's behaviour, pose a particular risk to children and at a much higher level than step-mothers and fathers' partners.

Some evidence suggests that where children of young mothers are abused and the mother is also victimised, the abuse is more likely to be inflicted by the mother's boyfriends or other males present in the house, than by the mothers themselves (Cassidy, 2003; Fergusson et al, 1972; McCormack et al, 2006).

According to the World Report on Violence and Health by Krug et al (2002) cited by Fanslow (2005) women are more likely than men to report applying physical discipline methods to children between 6-12 years.

Age of mothers

Young mothers, particularly those who are unsupported or in violent relationships, are more likely to carry out, or fail to intervene to stop severe abuse of children than older mothers. However, it is the factors associated with young parenthood rather than the age of the mother per se that raise the risk of maltreatment of children: unplanned pregnancy, stress from low income, depression, high dependency, inadequate support and lack of parenting knowledge and skill. (Klevens & Whitaker, 2007; McCormack et al, 2006).

Depression in mothers

While there is evidence of a link between maternal depression (not necessarily post-partum depression) and child maltreatment there is also a link between maternal depression and intimate partner violence and substance abuse (McCormack et al, 2006). It is therefore not clear whether maternal depression itself plays the causal role.

Alcohol and substance abuse

There is a large body of evidence linking parental alcohol and substance abuse with all types of maltreatment and with the likelihood that a child will be exposed to inter-parent violence. The risk increases if both parents abuse alcohol (Dube et al, 2001; Freisthler et al, 2006; Guterman & Lee, 2005; Larrivée et al, 2007; Smith, 2006; Wekerle et al, 2007).

Research published by ALAC shows that many people in New Zealand are tolerant of drunkenness and underestimate the amount they drink. A survey of adult New Zealanders found that of the 23% of adults over 18 categorised as *constrained binge drinkers*, 79% reported living with children. Of the 29% of adults over 18 categorised as *uninhibited binge drinkers* 44% reported living with children (McMillen et al, 2004; Fryer et al, 2004). These findings indicate that there is confusion and ignorance in New Zealand about where alcohol use becomes abuse, and that a significant proportion of parents are drinking to dangerous levels, with subsequent risk to children.

Features of parents who are primarily psychologically abusive

A study of family dynamics associated with the use of psychologically abusive parental practices identified four types of families in which primarily psychological abuse is more likely to occur: 'a scapegoat child, a domineering and intolerant father, a rigid and manipulative mother and a chaotic and incompetent parent'. Gagne & Bouchard (2004) further explained and described their typology in terms of the *Ugly Duckling*, the *King and his Kingdom*, the *Mother Superior* and the *Broken Parent*. Validity testing of this model in clinical settings yielded promising results and suggested a fifth type might be added: *Crossfire*, referring to strong parental conflicts where children are taken as hostages.

Parental attitudes to the child

Empathy

Parents who lack the empathic ability to understand children's actions, feelings and intentions are more likely to respond punitively when the child misbehaves, or fails to complete an assigned task (Lau et al, 2006; Wiehe, 2003).

Understanding of how children perceive maltreatment influences parents' likelihood of maltreating their children. Those parents who remember their childhood reactions to physical punishment and abuse are more opposed to physical punishment than those who do not, and are less likely to maltreat their own children (Gagne et al, 2007; Herzberger, 1990).

Sympathetic interpretations - attributions

Parents with unrealistic expectations of children's behaviour, who do not understand the intentions behind children's behaviour and interpret normal behaviour as deliberate disobedience are more likely to physically punish and sometimes maltreat their children (Lau et al, 2006; Wiehe, 2003).

According to attribution theory, children will be less likely to be maltreated when their parent attributes a negative behaviour to causes that are:

- specific – to this incident
 - external – responding to external demands or circumstances
 - unstable – not part of a pattern or necessarily likely to be repeated
- and attributes a positive behaviour to causes that are:
- global – demonstrating a quality or virtue
 - internal – expressing a personal principle or feeling
 - stable – illustrating a pattern and is likely to be repeated.

Some research findings provide support for this theory. Abusive mothers are more likely to view negative child behaviour as due to internal, stable and global child factors, and conversely, to attribute positive behaviour of children to more external causes. Non-abusive mothers, by contrast, are more likely to attribute causes of children's behaviour in the opposite way: to view positive child behaviour as due to internal, stable and global child factors and to attribute negative child behaviour to external, unstable and specific causes (De Paul et al, 2006; Lau et al, 2006).

Abusive mothers are also more likely to view children's negative behaviour as having hostile intent. There is evidence that when mitigating information is offered that moderates the parent's view of the child's behaviour, the risk is lowered (De Paul et al, 2006).

Acceptance of the child

One of the most commonly researched factors associated with physical punishment is parental acceptance/rejection (P.A.R.T. – Parental Acceptance/Rejection Theory). Parental rejection (dislike, disapproval, resentment of the child) is associated with higher levels of hostility and aggression towards the child and with poorer psychological outcomes. Parental acceptance (love, affection, warmth towards the child) is associated with more inductive (explaining and reasoning) styles of child management and better psychological outcomes (Smith et al, 2006).

Parents who lose control

While not all physical punishment leads to abuse, abuse can occur when physical punishment becomes severe. Durrant (2004) outlines the sequence of events that can occur for some parents who have little knowledge of child development, or of typical child behaviour at various developmental stages. These parents often have unrealistic expectations about children's capacities for self control. She describes the dynamic between child and parent in terms of stages:

- 'When a child demonstrates
 - a desire for autonomy (eg 'No!'),
 - a drive for exploration and experimentation (eg touching Grandma's vase), and
 - difficulty in exerting self-control (eg tantrums)a parent may become frustrated and angry, attributing the child's behaviour to defiance or malicious intent.'
- If the parent starts smacking, 'the child, now physically hurt and distressed, will stop performing the behaviour, thereby reinforcing the parent for using physical punishment.'
- The child's motivation to keep trying new things and limited understanding of the world are likely to result in 'another act objectionable to the parent.'
- The parent, now believing that physical punishment worked before, smacks again.
- Because the smacking increases in frequency the child's behaviour gets worse.

- The pattern is reinforced by those family members, friends and onlookers who also believe in physical punishment. When they observe the child being fractious and 'naughty' they cannot resist offering the comment: 'What that child needs is a good hiding!'
- As the parent becomes increasingly reliant on smacking, the child becomes increasingly aggressive and defiant. 'Numerous studies have demonstrated that the frequency of smacking is positively related to deviant child behaviour, such as aggression (27 studies) and antisocial behaviour (12 studies)'
- The parent in turn becomes increasingly angry and may increase the intensity of the punishment until the child is injured.

So what starts as an act of punishment to guide and control becomes an act of violence; the worst nightmare for the child and the parent (Durrant, 2004.)

3.2.2.4. Characteristics and behavioural patterns of the child

While certain characteristics and behavioural patterns of the child increase the risk of the child being maltreated, it does not mean that the child is responsible. Rather, it is these factors that make the child more difficult to parent and more vulnerable to abuse, with little or no ability to protect themselves. The child risk factors identified in a review of the international literature include: the unwanted baby, the young age, disability, high needs, demonstrating personality or temperament traits perceived as problematic by adult family members such as hyperactivity or impulsivity (WHO/ISPCAN, 2006).

Age of child

While children of all ages can experience physical and emotional maltreatment, babies and toddlers and adolescents from the age of 11 are at a higher risk of being injured from physical abuse or maltreatment than primary school-aged children. Rates of physical punishment, however, are higher for children from the ages of 3 until early adolescence (Barr et al, 2006; Craig et al, 2007; Sibert et al, 2002).

Preschoolers are more likely than any other age group to die as a result of maltreatment, and the age group at greatest risk of being killed by a family member are babies from 0-12 months (Doolan & Connolly, 2008).

Children with high needs

Reviews of the literature indicate that children with disabilities and other children with high needs (including conduct disorders) are more likely to be maltreated than children without disabilities (McCormack et al, 2006; Briggs, 2006; Chenoweth, 2002). There is evidence that parental stress associated with the role of caring for a child with a disability is likely to be the factor that increases the risk more than the disability itself (McCormack, 2006).

3.2.3. Precipitating factors/ trigger events for abuse

Maltreatment frequently occurs in response to specific child behaviours. Several studies indicate that these are often normal behaviours for the child's age which are misinterpreted as deliberate disobedience by the parent, who may lack sufficient knowledge of child development to realise that the child is not deliberately disobeying or acting with malicious intent (Cavanagh et al, 2007; Guterman & Lee, 2005; Lau et al, 2006; Wiehe, 2003).

Precipitating factors or trigger events that raise the risk of abuse of babies and children have been investigated in a number of studies. The results show that the following are common triggers:

Child behaviours

- Incessant, unsoothable crying – behaviour likely to be associated with 'shaken baby' (Barr et al, 2006; Bugental & Johnston, 2000; St James-Roberts, 2007)
- Soiling (Cavanagh et al, 2007)
- Dangerous or damaging behaviours (Dobbs & Duncan, 2004; Durrant 20004b; Ritchie & Ritchie, 1981)
- Aggressiveness (Dobbs & Duncan, 2004; Kern, 1999; Durrant, 2004)
- Noise and exuberance (Ritchie & Ritchie, 1981; Webster-Stratton & Herbert, 1993)

Life events for the adult

- An aversive life event for the adult that constitutes a shock or severe stress, such as a threatened or recent separation or losing a job (Ritchie & Ritchie, 1981)

3.3. PREVENTING CHILD MALTREATMENT

Having identified the multitude of interacting risk factors involved in child physical and psychological maltreatment, it follows that any large scale reduction in the incidence involves a multi-faceted approach that addresses the underlying causes and the many contributing factors. For the purposes of the Campaign for Action on Family Violence our emphasis is on those approaches suggested from the findings at a primary prevention (focusing on the population at large) level.

Guided by the literature (eg Hart (1988), Herzberger (1990), WHO/ISPCAN, 2006) the following section makes the case for six approaches for primary prevention efforts to reduce child maltreatment:

- Establish a positive view of children: valuing them in their own right rather than primarily for the manner in which they meet the needs of others, respecting them as individual human beings with rights to protection and gradually increasing levels of autonomy.
- Change attitudes and beliefs about physical punishment.
- Reduce adult partner violence and educate about the impact of adult partner violence on children.
- Address adult alcohol and substance abuse.
- Create accessible and responsive support systems that parents can easily engage with.
- Provide parent education and skills to all parents.



CHANGING ATTITUDES AND BELIEFS BOTH ABOUT THE EFFECTS ON CHILDREN OF PHYSICAL PUNISHMENT AND ABOUT THE LINK BETWEEN HARSH PHYSICAL PUNISHMENT AND ABUSE IS AN IMPORTANT STEP TOWARDS PREVENTING MALTREATMENT ”

3.3.1. Establish a positive view of children

According to Hart (1988) a key factor in preventing psychological maltreatment starts with a ‘positive ideology of children’, valuing them in their own right rather than for the manner in which they meet the needs of others. A positive view of children also implies respect for children as individual human beings with rights to protection and gradually increasing levels of autonomy, and an understanding that they are exploring and contributing to their social world. There is evidence that these attitudes promote more positive, non-physical parenting techniques (Debski et al, 2007).

Without strong consensus support for a positive ideology of children, child development knowledge guiding caretakers toward positive parenting practices has never achieved high levels of application. It is equally unlikely that sustained and rigorous prevention programmes will be mounted on the basis of threats of negative child consequences alone (Hart, 1988).

3.3.2 Change attitudes and beliefs about physical punishment

Physical discipline of children can be conceptualised as occurring within a context of a continuum of behaviours that extend from occasional light smacks to frequent, harsh, physical beatings. On this continuum the line between discipline and abuse is not always clear. (Carswell, 2001 cited in Leviore et al 2007).

There is evidence that the link between frequent, or harsh, or capricious and inconsistent physical punishment and abuse is not well understood in the community (Pears & Capaldi, 2001; Straus, 2000; Colmar Brunton Research, 1995). Changing attitudes and beliefs both about the effects on children of physical punishment and about the link between harsh physical punishment and abuse is an important step towards preventing maltreatment.



PRIMARY PREVENTION EFFORTS AIMED AT REDUCING ADULT PARTNER VIOLENCE IS EXPECTED TO REDUCE THE RISK OF VIOLENCE TOWARDS CHILDREN”

3.3.3. Reduce adult partner violence and educate about the impact on children of adult partner violence

There is substantial evidence for the co-occurrence of adult partner violence and child maltreatment and for the damage to children of living in families where adult to adult violence occurs (O’Keefe, 1995; Tajima, 2002; Edelson et al, 2007; Featherstone & Peckover, 2007). Primary prevention efforts aimed at reducing adult partner violence is expected to reduce the risk of violence towards children.

Stopping intimate partner violence benefits the child in two ways: it stops the negative impacts on the child of the adult violence, and also reduces the chance they will be physically abused directly (Kury et al, 2004). The voices of children describing their response both to being victims of violence and to witnessing parental conflict and violence may well contribute to this effort.

3.3.4. Address adult alcohol and substance abuse

The large body of evidence linking parental alcohol and substance abuse with all types of maltreatment and with the likelihood that a child will be exposed to inter-parent violence suggests a need to make this a primary prevention priority, applying a range of public and community education approaches. For adults with high levels of alcohol and substance use, for example, it has been recommended that parenting programmes need to be delivered alongside help with substance abuse (Dube et al, 2001; Smith, 2006)

3.3.5. Create accessible and responsive support systems that parents can easily engage with

Several researchers have noted that lack of social support for parents is associated with child maltreatment and, conversely, the presence of informal support systems have been shown to be of great importance in breaking the pattern of family violence (Darmstadt, 1990; DuMont et al, 2007; Gracia & Herrero, 2006; Kissman, 1992; McCurdy, 2005).

The fear of being judged or stigmatised is a barrier that can prevent parents from seeking help when they need it and making use of informal support networks. Social support needs to be non-judgmental offering help and practical assistance, ensuring that parents are not labelled as 'bad'. Learning help-seeking strategies may mitigate the effects of the stressors. A programme for teenage mothers which taught them to both identify their support needs and to assertively ask for help reduced the risk (Kissman, 1992).

There is evidence that women experiencing domestic violence, particularly if they are of ethnic minorities, associate community agencies with social workers, and are afraid that their children will be taken away if they engage (Wilcox, 2006). A qualitative analysis of New Zealand attitudes towards physical punishment found parents may also fear judgement from other community members. Maori and Pacific Island peoples, for example, often feel that people are watching and judging their parental abilities (Ritchie & Ritchie, 1981).

3.3.6. Provide parent education and skills to all parents

There are a number of parental attributes and strategies that play an important role in promoting safe and positive parenting. This section outlines these factors and describes how they contribute to positive parenting.

Knowledge of normal child development

Parent training that includes child friendly beliefs and attitudes, and understanding of children's developmental capabilities has been shown to be effective in reducing the risk that a parent will physically or verbally abuse a child (Cavanagh et al, 2007; Cowen, 2001; Lau et al, 2006; Wiehe, 2003).

Self efficacy – self-belief in ability to change

There is evidence that parents often feel pessimistic about their ability to change both their parenting practices and their children's behaviour. Parents with higher self-efficacy (the belief in one's capacity to learn, to change, to master skills) have more positive expectations about change, increased intentions to change and are more likely to persist at tasks until they achieve success (Sanders et al, 2003; Webster-Stratton & Herbert, 1993).



IT IS IMPORTANT THAT EARLY INTERVENTION SERVICES ARE AVAILABLE FOR ALL FAMILIES ALONG THE RISK SPECTRUM AS WELL AS MORE INTENSIVE ‘WRAPAROUND’ SERVICES FOR HIGHER RISK FAMILIES ”

Parent education programmes, child management skills and home support

From reviews of a range of parent education programmes the following findings have emerged:

Early intervention

- Early intervention with pre-parent and first time parents has increasingly been viewed as critical to prevention efforts. It is important that early intervention services are available for all families along the risk spectrum as well as more intensive ‘wraparound’ services for higher risk families (Moran & Ghate, 2005)

Qualities of successful programmes

- Success is more likely with programmes that include group education, individualised help and home visiting (Harder, 2005; Lundahl et al, 2006; McCurdy, K. 2005)
- Programmes based on a combination of changing attitudes, increasing knowledge and child management skills are more likely to be effective than programmes that emphasise any one of these factors (Sanders et al, 2003; (Moran & Ghate, 2005)

- Helping parents to learn to empathise with their children is more effective than solely teaching parenting skills (Wiehe, 2003)
- Services tend to be more effective in achieving outcomes when aims and goals are clearly set out and plans are in place for achieving such outcomes, than when they are loosely strengths-based (Moran & Ghate, 2005)
- The most effective programmes tend to use professionally trained workers and paraprofessionals instead of volunteers (Moran & Ghate, 2005)

Targeting programmes to needs

- Services need to be specifically designed for fathers in order to attract them (Moran & Ghate, 2005)
- Parenting services have low participation rates amongst some ethnic groups. The use of same ethnic group service workers has been found to enhance recruitment (Moran & Ghate, 2005)

3.4. EXTENDED FAMILY, NEIGHBOURHOOD, COMMUNITY AND WITNESS INTERVENTION

Extended family members, neighbours and community members can help prevent child maltreatment by providing the kind of informal support described in the previous section, but also by intervening when abuse occurs. Perpetrators of severe abuse and battering are unlikely to change their behaviour as a result of public education campaigns. A combination of intense authoritative, public health, mental health, alcohol and drug treatment, social service, community and family interventions may all be necessary as preventive measures (Larrivée et al, 2007).

In these cases it is especially important for extended family members or members of the public to intervene to help abused children (Ammerman, 1990; Larrivée et al, 2007). Adults who witness child abuse may lack the confidence to take action, or may not know what action they should take.

Members of the public perceive barriers to taking action in a situation where they believe child abuse is occurring.

These include:

- doubt about whether the abuse is really happening;
- doubt about what constitutes abuse eg not knowing what levels of physical punishment might be harmful;
- reluctance to interfere in other people's business;
- hoping the family will resolve it;
- fearing retaliation from the family;

- being unsure about who to contact;
- being unsure about what the outcome will be if they report the abuse;
- lack of confidence about their ability to influence change;
- not knowing what to say (Colmar Brunton Research, 1995).

Factors that motivate bystanders to intervene in cases of child abuse differ from those that motivate professionals. Previous helping increases likelihood of intervention (Mudde et al, 2007).

To increase the likelihood that witnesses/bystanders will intervene or report abuse the following steps can help:

- Promote awareness of behaviours that constitute child maltreatment and abuse in a way that does not perpetuate stereotypes or create shame, and empowers people to take action.
- Promote understanding of the effects of maltreatment and abuse on children.
- Provide access to help, support and advice.
- Give practical tips about how to intervene.
- Promote knowledge about all the options:
 - Direct communication with the adults eg offering support or practical assistance.
 - Engaging others, eg family members and friends – sharing concerns, consulting about appropriate response.
 - Consulting experts.
 - Referring to sources of help.
 - Reporting to authorities (Colmar Brunton Research, 1995).

METHODOLOGY

This study involved a review of international literature on the subject of child abuse. The literature was found using a search of the CSA database, using the following search parameters:

- child abuse and motivation
- child abuse and intervention
- child abuse and parent education
- child abuse and physical punishment
- child abuse and smacking
- positive parenting and preventing child abuse
- preventing child abuse and social marketing
- bystander and child abuse
- witness and child abuse
- safe parenting practices
- severe abuse
- narcissism and child abuse
- child abuse and intimate partner violence
- resilience and cycle of violence.

This literature was then analysed for themes relating to the causes of child maltreatment and the ways in which it can be prevented or stopped.

Emphasis was placed on isolating causes of child maltreatment that can be addressed with a public education campaign, while recognising that the aetiology of child maltreatment is complex and involves some factors, such as poverty and mental health difficulties, which a public education campaign cannot solve.

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